

## Foster Family Home - Corrective Action Report

Provider ID: 1-633760

Home Name: Aurelia Padilla, CNA

Review ID: 1-633760-6

94-1116 Hina Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 11/14/2018

End Date: 12/24/18

### Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 11/14/18. Corrective Action Report issued during home visit with all items due to CTA by 12/14/18.

6.(d)(1) - see applicable sections of the review

### Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2) - No current APS/CAN for CG#4, last done on 4/14/2016.

### Foster Family Home Personnel and Staffing [17-1454-41]

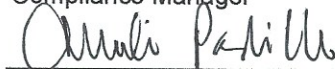
41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

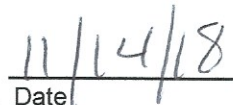
41.(c) - No 8 hours in-service for CG#4 for 2017 in home folder.

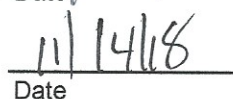


Compliance Manager



Primary Care Giver

  
Date

  
Date

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: AURELIA PADILLA

CCFFH Address: 94-1116 HINA ST. WAIKANAHI, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)2	APSCAN obtained for CG #4 on 11/27/18	11/27/18	I will check my binder periodically and put a reminder one month before its due. will post it on my fridge.
41.(c)	in service done 11/30/18	11/30/18- 12/11/18	I will set a text messages to an SCG to remind them about their in service one month before it will expire.

Primary Caregiver's Signature: \_\_\_\_\_

Aurelia Padilla

Print Name: AURELIA PADILLA

Date of Signature: \_\_\_\_\_

12/19/18